10/564893

<table>
<tr><td colspan="7">MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)</td><td colspan="2">SERIAL NO.</td><td>FILING DATE</td></tr>
<tr><td colspan="7"></td><td colspan="3">APPLICANT(S)</td></tr>
</table>

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
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18							68						
19							69						
20							70						
21							71						
22	1						72						
23							73						
24							74						
25	1						75						
26							76						
27							77						
28	1						78						
29							79						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	35						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)

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